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DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)

Declaration Declaration
Submitted OR Submitted after Initial
with Initial Filing (surcharge
Filing (37 CFR 1.16 (e))
required)

Attorney Docket Number	011115
First Named Inventor	Elliott
COMPLETE IF KNOWN	
Application Number	09/857,325
Filing Date	May 31, 2001
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Preparation and Xenotransplantation of Porcine Islets

the specification of which

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY) 1/19/2001 as United States Application Number or PCT International.

Application Number PCTAN201/00006 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 363(d) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application(s) which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
502473	NZ	1/20/2000	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
502474	NZ	1/20/2000	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
502475	NZ	1/20/2000	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
502476	NZ	1/20/2000	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
502826	NZ	2/11/2000	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
504520	NZ	5/12/2000	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
504521	NZ	5/12/2000	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label OR <input type="checkbox"/> Correspondence address below			
22876 PATENT TRADEMARK OFFICE			
Name Jody L. Factor			
Address 1327 W. Washington Blvd., Suite 5GJM			
City Chicago		State IL	ZIP 60607
Country USA		Telephone (312) 226-1818	Fax (312) 226-1919
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Robert Francis P. Elliott		Family Name or Surname Elliott	
Inventor's Signature		Date 21/12/01	
Residence: City Auckland NZX		State	Country New Zealand
Mailing Address 45 Seaview Road, Remuera			
City Auckland		State	ZIP 1140
Country New Zealand			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Riccardo		Family Name or Surname Cafiero	
Inventor's Signature		Date 21/12/01	
Residence: City Perugia ITX		State	Country Italy
Mailing Address Dimisem, University of Perugia, Via E. Del Pozzo			
City Perugia		State	ZIP 06126
Country Italy			
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			



Please type a plus sign (+) inside this box → +

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ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page ___ of ___

DECLARATION

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Gussepe		Basta	
Inventor's Signature		Date 21-12-01	
Residence: City Perugia		State FTX	
Country Italy		Citizenship IT	
Mailing Address Dimisam, University of Perugia			
Mailing Address Via E Dal Pozzo			
City Perugia		State	
ZIP 06126		Country Italy	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

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